DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13204

State File No. 3406

Registration District No. 791 — FILED MAY 15 1940

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2000 Oregon Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2000 Oregon Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Daisy E. Cotner 356

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race "W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife John E.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 17, 1880
(Month) (Day) (Year)

8. AGE: Years 59 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Oak Ridge, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Walsh
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Hines
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John E. Cotner
(b) Address 2000 Oregon Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/40
(Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) APR 15 1940 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from April 8, 1940, to April 13, 1940
that I last saw her alive on April 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
Heart Lesion

Due to Cerebral Pneumonia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature T. M. D. Pew (M. D. or other)
Address 1446 So. Grand Date signed April 15-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2301 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.